

08-09-9

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# UTILITY PATENT APPLICATION TRANSMITTAL

(only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	MCP-0289
First Inventor	Gerard McNally
Title	Laxative Composition
Express Mail Label No.	EL710608024US

 j1033 U.S. PTO  
 09/22/99  
 08/08/01

## APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(submit an original and a duplicate for fee processing)2. ☐ Applicant claims small entity status.3. ☒ Specification [Total Pages 12]  
(Preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☐ Drawing(s) (35 USC 113) [Total Sheets ]

5. Oath or Declaration [Total Pages 6]

a. ☒ Newly unexecuted originalb. ☐ Copy from a prior application (37 CFR 1.63(d))

(for continuation/divisional with Box 18 completed)

i. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

6. ☐ Application Data Sheet. See 37 CFR 1.7618. ☒ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☒ Continuation-in-Part (CIP) of prior application No.: 09/390,813, filed 9/7/99.

Prior application information: Examiner John Pak Group Art Unit: 1616

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label **000027777** or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq.

Address: Johnson & Johnson  
One Johnson & Johnson Plaza  
New Brunswick, NJ 08933-7003 USA

## 20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Sharon H. Hegedus at:

Telephone: (732) 524-2242 Fax: (732) 524-2808

## 21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME Sharon H. Hegedus Reg. No. 33058

SIGNATURE

DATE August 8, 2001

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

Applicant: Burruano et al.

For : Laxative Composition

Express Mail Certificate

"Express Mail" mailing number: EL710608024US

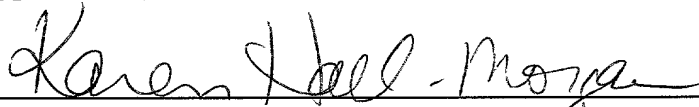
Date of Deposit: August 8, 2001

I hereby certify that this complete Continuation-in-Part application, including specification pages and claims, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

A Combined Declaration and Power of Attorney will be submitted to the United States Patent and Trademark Office upon receipt of the U.S. Serial Number for this patent application.

Karen Hall-Morgan

(Typed or printed name of person mailing paper or fee)



(Signature of person mailing paper or fee)

09924319-030801  
"6T342660"

090419 080801  
F08080 6142660

<b>FEE TRANSMITTAL</b>	<i>Complete if Known</i>	
	Application Number	
	Filing Date	
	First Named Inventor	Gerard McNally
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	MCP-0289

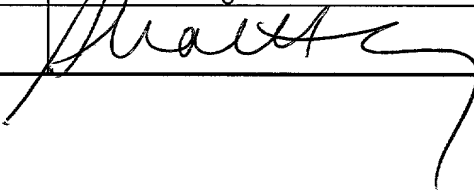
## FEE CALCULATION

### CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$710.00
TOTAL CLAIMS	17 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	6 - 3 =	3	x 80.00	\$ 240.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$270.00	
			TOTAL FEES	\$ 950.00

## METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/MCP-0289/SHH in the amount of \$950.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/MCP-0289/SHH. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>	
Typed or Printed Name	Sharon H. Hegedus	Reg. No. 33,058	
Signature		Date: 8/8/01	<b>Deposit Account No. 10-0750</b>